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# DIRECT DEBIT

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*an option for  
convenient giving*

From time to time, we are asked by members if there is a convenient way to regularly submit their tithes and offerings to the church. We are pleased to be able to offer you an option that will allow you to authorize your bank to submit regularly scheduled debits from your checking or savings account payable to the Church of the Apostles (Anglican) account with FVCbank. This option has no cost to the church.

To authorize direct debits from your bank account, simply complete the attached form and return it, along with a voided check (for checking accounts) or a deposit slip (for savings accounts), to the church finance office either via email to [finance@churchoftheapostles.org](mailto:finance@churchoftheapostles.org) or by US mail. \*

Among other things, the form asks for your bank's transit number, your checking or savings account number, the dollar amount and frequency of your periodic giving (monthly or twice monthly). By supplying your printed name and mailing address we can assure that your contribution will be properly recorded and that you will continue to receive an annual statement each January for your tax purposes.

If you would like to contribute to an approved designated fund, please note that and the dollar amount on the back of the form. You may cancel your authorization at any time by notifying the church finance office in writing or via email,

providing the church reasonable time to act upon your request.

If you have any questions about the direct debit option, please contact Phil Rooney or Jenny Uehlinger at 703-591-1974 or [finance@churchoftheapostles.org](mailto:finance@churchoftheapostles.org).

\* *Church of the Apostles (Anglican)*  
Attn: Finance Office  
11717 Lee Highway  
Fairfax, VA 22030

## Authorization Agreement for Direct Debit Contributions

I (we), \_\_\_\_\_ hereby authorize Church of the Apostles (Anglican) to initiate debit entries to my (our) checking or savings account at the financial institution named below:

Financial Institution: Name \_\_\_\_\_  
Branch \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Account Type: \_\_\_ Checking (Please attach a voided check.)

\_\_\_ Savings (Please attach a deposit slip.)

Account Number: \_\_\_\_\_

Routing Transit/ABA No: \_\_\_\_\_

My (our) contribution will be (choose one and indicate amount):

\$ \_\_\_\_\_, **ONCE** each month (debited on approximately the \_\_\_ 5<sup>th</sup> OR the \_\_\_ 20<sup>th</sup> of each month.)

\$ \_\_\_\_\_, **TWICE** each month (debited on approximately the 5<sup>th</sup> AND the 20<sup>th</sup> of each month.)

This authority is to remain in full force and effect until Church of the Apostles has received written notification from me (or either of us) of its termination in such time and manner as to afford the church and its bank a reasonable opportunity to act on it.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print name(s) above, as contributions are to be recorded.

Street Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_